

# RECOMMENDATION FOR WAIVER OF SPECIFIC LIFE SAFETY CODE PROVISIONS

For each Item of the Fire Life Safety Code requested for waiver, list the survey report form Item # and state the reason for the conclusions that: (a) the specific provisions of the Code, if rigidly applied, would result in unreasonable hardship on the facility; and (b) the waiver of the unmet provisions will not adversely affect the health and safety of the patients. (If additional space is required, use reverse side)

PROVISION NUMBER		PROVIDER JUSTIFICATION FOR REQUESTING WAIVER	
K- _____ LSC _____  NAME OF FACILITY:			
PROVIDER #:			
TEMPORARY WAIVER EXPIRATION DATE:			
FIRE AUTHORITY OFFICIAL			
(Initials)	RECOMMEND WAIVER		
	DO NOT RECOMMEND WAIVER		
SURVEYOR RECOMMENDATIONS ATTACHED YES _____ NO _____		Provider Representative Signature: _____ Date: _____	
Fire Authority Official Signature		Title	Office
			Date